STATE FOUNDATION ON CULTURE AND THE ARTS

For office use only:
ID #:

VISUAL ARTIST PROFILE

1. Name in full: Mr. Mrs. Ms.								
					none #:			
					lephone #:			
4. Date of Birth (optional): 5. Birthplace (optional):								
Month,, Day & Year City & State or Country								
6. Hawaii Resident Since: Month/Year	7. Full-time Self	elf employed since: Month/Year 8. Preferred Media:						
Check here if you want informatio or direct purchases of artwork.	n on this form rel	eased to individuals and	groups seeking	artists fo	or commi	issions		
9. Education (include related studies on the mainland and abroad):								
School and location		Course of Study Degree		Year				
10. Art-related Teaching Experience:								
Institution and location		Subject/Cours	ses Taught		Year/D	uration		
11. Awards, Grants and Scholarships (include year):								

12. Exhibitions (specify whether group	2. Exhibitions (specify whether group or one-artist show, location and year of exhibit):				
13. Collections/Commissions (include	year of completion):				
14. Publications (articles, books, etc.; i	nclude year of publication):				
15. Gallery Affiliations/Agent Represe	ntatives:				
1 YOUR NAME 2		th which you wish to be represented. If your slides of various views showing the whole stail.			
3 TITLE OF WORK MEDIUM, YEAR & DIMENSIONS	in which the image should be viewed (a 2. Your name, or the name of the artist is 3. Title of work is placed at the bottom of 4. Indicate medium, year of completion, a	e of the slide mount to indicate the direction arrow points to the top of the work of art). placed at the top of the slide mount.			
	slides provided will be used for the purpose.	ledge, and has been provided voluntarily. I s of the State Foundation on Culture and the			
	(Signature)	(Date)			